

TEXAS CERTIFICATION FORM

Due to new state law, this document must be completed.
Hand-written signature is required.

**Office of Financial Aid
WTAMU Box 60939
Canyon, Texas 79016**

Phone: (806)651-2055 Fax: (806)651-2924 E-mail: financial@wtamu.edu

In compliance with state guidelines,

1. Have you registered with the Selective Service?

Yes _____

*No _____

*If your answer is no, are you exempt due to the fact that you are:

_____ Female

_____ Under the age of 18

_____ Over the age of 25

2. Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code?

*Yes _____

No _____

*If your answer is yes, contact the Financial Aid Office to determine your eligibility to receive any state awarded funds.

I hereby certify that the information I have provided is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

Student's printed name

Social Security #

Buff ID #

Student's Date of Birth

Student's signature

Date